EXHIBIT 1
DATE 3-21-07
SB SJ 5

American Heart Association.
Learn and Live.

03/21/2007

To: House Human Services
From: Cliff Christian, Director of Governmental Affairs
American Heart Association &
American Stroke Association
Subject: Support for SJ 5

The quality of the rural health care delivery system in Montana is determined by the availability of providers and health care facilities to rural residents and the ability of those providers and organizations to give care that is needed and effective. The availability of rural emergency medical technicians in our frontier areas can vary significantly from one county to another. Many rural communities struggle to provide even basic health care services to their population. Typically, the smaller, poorer, and more isolated the rural community, the more difficult it is to ensure that basic EMT services are available.

In Montana, the health care delivery system is a patchwork of primary care providers, clinics, hospitals, and other facilities that function through the private sector either independently in private practice or as part of a network. However, there are fewer health care organizations and professionals of any kind in rural areas. Local safety net providers deliver a sizable amount of care to the uninsured, Medicaid enrollees, and other vulnerable citizens within their jurisdiction.

Emergency medical services comprise a system of care for victims of sudden and serious injury or illness in our rural areas of Montana. It is estimated that the average U.S. citizen will require the services of an ambulance at least twice in the course of their lives. Thus, the development of effective EMS systems is crucial to the health care of rural Americans.

There are substantial challenges within our rural EMS system, including: high costs for providing EMS care to sparsely populated regions; trouble with providing public services and adapting to change; and difficulties in maintaining private emergency medical services due to low patient volume. In addition, rural Montana is having difficulties with

increasing health care demands from aging residents, organizational instability, poor access to training and medical supervision, volunteer shortages, high response times, lower levels of training, dated equipment, inadequate billing reimbursement for services, and insufficient public access and communications systems.

Montana's rural EMS is highly dependent upon volunteer personnel. Very few small communities have paid EMS services. Many volunteer personnel work full-time in non-EMS related jobs within the community or within a practical commuting area. Unfortunately, we are finding that some employers are not supportive of employees taking time from work to be involved in emergency care provision or training. Volunteer EMS personnel donate their personal time to provide prehospital care and are usually expected to be available 24 hours a day, and on weekends and holidays. For their dedication to hundreds of hours of training and their service to the community, these modern day heroes receive no pay, no benefits and no retirement.

The outcome of an emergency medical management system completely dependent on someone's goodwill to serve as a rural EMT at their own expense, on weekends and holidays; responding to fatal car crashes, suicide attempts, a heart attack or stroke is predictable. In general, we now have a rural emergency medical system that is fragmented and operating in a patch work fashion. Volunteer replacements are not coming forward to serve, the ambulances are being parked due to a lack of trained personnel and the risk to Montanans living in or traveling through our rural areas is in serious jeopardy.

Rather than present to this legislature a series of bills that may or may not correct the situation, it was decided to step back and ask you to create an interim legislative committee that could explore, in-depth, the problems within the emergency medical system and, hopefully, prepare recommendations to correct some or all of the current problems for the 2009 legislative session to review